

Senate Bill 383

By: Senators Hill of the 32nd, Chance of the 16th, Hudgens of the 47th, Thomas of the 54th, Rogers of the 21st and others

**AS PASSED**

**AN ACT**

To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to provide a short title; to provide for legislative intent; to provide for the Commissioner of Insurance to adopt policies to promote, approve, and encourage health savings account eligible high deductible plans in Georgia; to provide for exemptions from certain unfair trade practices for certain wellness and health promotion programs, condition or disease management programs, health risk appraisal programs, and similar provisions in such plans; to provide for certain requirements for such plans; to provide for health reimbursement arrangement only plans that encourage employer financial support of health insurance or health related expenses under certain circumstances; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:**

**SECTION 1.**

This Act shall be known and may be cited as the "Insuring Georgia's Families Act."

**SECTION 2.**

Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by striking Chapter 51 in its entirety and inserting in lieu thereof a new Chapter 51 to read as follows:

**"CHAPTER 51**

**33-51-1.**

This chapter shall be known and may be cited as the 'Georgia Affordable HSA Eligible High Deductible Health Plan.'

33-51-2.

It is the intent of the General Assembly:

- (1) To authorize the Commissioner to establish flexible guidelines for health savings account eligible high deductible plan designs which will be affordable to Georgians and to increase the availability of these types of plans by accident and sickness insurers licensed to transact such insurance in this state;
- (2) To encourage the offering of affordable health savings account eligible high deductible plans, as required under the rules of the federal Internal Revenue Service related to the establishment of health savings accounts, with the specific intent of reaching many otherwise uninsured Georgians and the general intent of creating affordable comprehensive health insurance for all Georgians; and
- (3) To enhance the affordability of insurance with the flexible health savings account eligible high deductible plans allowed under this chapter by allowing rewards and incentives for participation in and adherence to health behaviors that recognize the value of the personal responsibility of each citizen to maintain good health, seek preventative care services, and comply with approved treatments.

33-51-3.

- (a) The Commissioner shall develop flexible guidelines for coverage and approval of health savings account eligible high deductible plans which are designed to qualify under federal and state requirements as high deductible health plans for use with health savings accounts which comply with federal requirements under the applicable provisions of the federal Internal Revenue Code for high deductible health plans sold in connection with health savings accounts.
- (b) The Commissioner shall be authorized to encourage and promote the marketing of health savings account eligible high deductible plans by accident and sickness insurers in this state; provided, however, that nothing in this Code section shall be construed to authorize the sale of insurance in violation of Chapter 3 of this title or interstate sales of insurance.
- (c) The Commissioner shall be authorized to conduct a national study of health savings account eligible high deductible plans available in other states and to determine if and how these products serve the uninsured and if they should be made available to Georgians.
- (d) The Commissioner shall be authorized to develop an automatic or fast track approval process for health savings account eligible high deductible plans already approved under the laws and regulations of this state or other states.

(e) The Commissioner shall be authorized to promulgate such rules and regulations as he or she deems necessary and appropriate for the design, promotion, and regulation of health savings account eligible high deductible plans, including rules and regulations for the expedited review of standardized policies, advertisements and solicitations, and other matters deemed relevant by the Commissioner.

33-51-4.

Insurers that include and operate wellness and health promotion programs, disease and condition management programs, health risk appraisal programs, and similar provisions in their high deductible health policies in keeping with federal requirements shall not be considered to be engaging in unfair trade practices under Code Section 33-6-4 with respect to references to the practices of illegal inducements, unfair discrimination, and rebating.

33-51-5.

There shall be no required relationship between preferred provider and nonpreferred provider plan reimbursements for health savings account eligible high deductible plans using nonpreferred provider reimbursements. Such plans, however, shall not:

- (1) Unfairly deny health benefits for medically necessary covered services;
- (2) Have differences in benefit levels payable to preferred providers compared to other providers that unfairly deny benefits for covered services;
- (3) Have a plan coinsurance percentage applicable to benefit levels for services provided by nonpreferred providers that is less than 60 percent of the benefit levels under the policy for such services; or
- (4) Have an adverse effect on the availability or the quality of services.

33-51-6.

(a) The Commissioner shall be authorized to allow health reimbursement arrangement only plans that encourage employer financial support of health insurance or health related expenses recognized under the rules of the federal Internal Revenue Service to be approved for sale in connection with or packaged with individual health insurance policies otherwise approved by the Commissioner.

(b) Health reimbursement arrangement only plans that are not sold in connection with or packaged with individual health insurance policies shall not be considered insurance under this title.

33-51-7.

The provisions of Code Section 33-20A-9.1, relating to a consumer choice option, shall apply to insurance products offered under this chapter.

33-51-8.

Notwithstanding the provisions of paragraphs (2) and (3) of Code Section 33-51-5, health benefit plans providing incentives for covered persons to use pharmaceutical or dental services of preferred providers shall contain a provision which clearly identifies that the payment or reimbursement for a noncontracting provider of covered pharmaceutical or dental services shall be the same as the payment or reimbursement for a preferred provider of covered pharmaceutical or dental services; provided, however, that the health benefit plan shall not be required to make payment or reimbursement in an amount which is greater than the actual fee charged by the provider for the dental or pharmaceutical services rendered."

### **SECTION 3.**

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

### **SECTION 4.**

All laws and parts of laws in conflict with this Act are repealed.